

## North Carolina

## State Board of Elections

506 N Harrington Street Raleigh, NC 27603

Kimberly Westbrook-Strach Deputy Director – Campaign Reporting

**FILED BY:** 

Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173 Fax: (919) 715-8047

## **Certification to Close Committee**

This Certification is used to express the intent to close the committee after all funds have been properly disbursed.

FILED D1:	-1 .	/	- 1 1	0 1
Committee Name:	Electing No	ncy Cox	D School	Doald
Treasurer Name:	Nancy O	COX		
Treasurer Address:	4 Falcon	Nest C	+	
(include city, state, & zip)	Durhan	, NL	27713	
Treasurer Phone:	919 419	4369		
Treasurer Filone.		~ JU		
certification, I declare that al contributions will be accepted signed. If the Committee at a any candidate or ballot issue, Elections before such activities	d or disbursements made after any future time intends to accar new political committee must may commence.	ter the "Final Ro cept or spend fur ust be formed an	eport" is filed or ids in support or o d registered with t	this form is pposition of the Board of
Committees that have filed und "Final Report" will be required under the \$3,000 threshold mu zero balance with no outstanding	ed for committees meeting that submit a "Final Report" w	nis criterion. Ar	y Committee that	did not file
6-23-08		Na	0.6	2/1
Date Signed	RECEIVED	1	\$ignature	/ '
Note: This Certification is to be		e the committee'	s campaign reports	are filed.
40	JUN 2 3 2008			

IN PERSON

Disclosure Report Cover

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.

Do not use this form to update information

1. Committee Infor	rmatio	n i i i i i i i i i i i i i i i i i i i								
a. Full Name c. ID Number										
Electi	Electing Nancy Cox to School Board									
b. Mailing Address (include City, State and Zip Code)									d. Date Filed	
4 Falcon Nest Durham NC 27713									6-23-08	
Durh	e. Phone Number	V-P								
919 419 6369									419 6369	
2. Report Year 3. Period Start Date (mm/dd/yy) 4. Period End Date (mm/dd/yy) 5. Treasurer Full Name										
2008	ん	2-25-08	420	-08 U	-13-	08		Nanco	D. Cox	
6. Type of Committ	tee (Ch	neck One)	9. Ty	pe of Report	(0	heck o	mly one	type of report	from one category)	emvi
Candidate Campaign		Party	Munici	ipaf		State	County		Referendum	
Joint Fundraiser		PAC		Organizational			Organiz		Organizational	
7. Type of Fund	(if apr	Legal Expense Fund	님	Thirty-five day Pre-primary			Quarter	rst	Pre-referendum Final	
"Booster Fund"	10 upp	medate, eneck one,		Pre-election				econd	Supplemental Final	
Building Fund				Pre-runoff			T	hird	Annual	
Presidential Electi				Semi-annual				ourth	Special	
NC Public Campa Other:	nign Fina	ncing Fund		Mid Year Year End			Semi-an	nual id Year	10 Special Depose Name	The State of the S
Outer.			×	Final		lH		ear End	10. Special Report Name	
8. Number of Funda	raisers	this Report		Special			Final			
		-					Special			
11. Account Inform	ation			y if there is	11. A	ccount	Inform	nation		
a. Financial Institution F		e						Full Name		
b. Purpose		c. Account Code			b. Purp	ose			c. Account Code	
		d. Period Begin Balance					d. Period Begin Balance			
		\$							s ASPENDAR	
CERTIFICATION									7 29,08	
I certify that the Com	nmittee	or Fund is in compliat no funds are comp	ance w	ith all applic	able pro	ovisior	is of Ar	ticle 22A, 22B,	& 22D-22M of Chapter 163 if aurther certify that this report is	the
complete, true and co	rect a	and that I have been t	rained l	by the NC Sta	ate Boa	rd of E	Election	s according to N	N.C.G.S. 163-278.7(f).	
	Va-	JU COX			Na		700	7 -	6-23-08	
Printed Name of Signer Signature of Appointed Treasure Date  FOR OFFICE USE ONLY										
Date Received:	ONL	6/23/08		Employee:		m	P-1	L P	elivery Method	
Data David		· L							Normal Mail Registered Mail	
Date Postmarked	ľ.	RECEIV	ED	Employee:		1			Hand Delivered	
Date Scanned:		- ILCEIV	CU	Employee:		-8			Electronically Filed Signer has not received	
Date Data Entere		JUN 2 3 20	1. 8	Employee:					mandatory training	
Please Note: This form cann be the Committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.										

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

## **Detailed Summary**

Amendment No

Use this form to summarize all disclosure reporting forms and to total monetary information 1. Committee Full Name (and Fund if applicable) 2. Type of Report 3. ID Number echny Nancy Coxto School Board Total this Total this Start of Election Cycle: January 1, Reporting Period **Election Cycle** 4) Cash on Hand at Start 2908 RECEIPTS 9500 5) Aggregated Contributions from Individuals (CRO-1205) 6) Contributions from Individuals (CRO-1210) \$ \$ 7) Contributions from Political Party Committees (CRO-1220) \$ \$ 50000 8) Contributions from Other Political Committees (CRO-1230) \$ \$ 9) Loan Proceeds \$ (CRO-1410) \$ 10) Refunds/Reimbursements to the Committee (CRO-1240) \$ 11) Other Receipt Sources 11a) Interest on Bank Accounts (CRO-1250) \$ \$ \$ 11b) Contributions from Not-For-Profit Organizations (CRO-1250) \$ 11c) Outside Sources of Income (CRO-1250)11d) Legal Expense Fund - Other Sources (CRO-1270)\$ 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c and 11d) \$ EXPENDITURES 13) Disbursements (CRO-1310) 849.65 13a) Operating Expenditures 13b) Contributions to Candidates/Political Committees (CRO-1310) \$ 13c) Coordinated Party Expenditures (CRO-1310) (CRO-1315) \$ 14) Aggregated Non-Media Expenditures \$ (CRO-1420) 15) Loan Repayments 16) Refunds/Reimbursements from the Committee (CRO-1320) \$ 00 17) In-Kind Contributions (CRO-1510) \$ 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) 08 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) \$ ADDITIONAL INFORMATION 20) Non-Monetary Gifts Given to Other Committees (CRO-1330) 21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430) \$ 22) Debts and Obligations owed by the Committee (CRO-1610) (CRO-1620) 23) Debts and Obligations owed to the Committee \$ 24) Account Transfers Within the Committee CEI \$ \$ 25) Administrative Support JUN **2 3** 2008<sup>CRO-1440</sup>) 26) Forgiven Loans \$ \$ 27) 48-Hour Notice Reports Sum 28) Contributions to be Refunded \$

	Aggregated Contributions from Individuals  Page Of Yes No									
	Optional form used to report NC Contributions From Individuals of \$50 or less									
1.			and Fund if applica			ID Number				
L	E	10019	Vanal Cor	( to School 1	Sourd					
3.	Contribu	itor Information								
a. /	Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount				
E	Add Remove	9	chech		4-19-08	\$ 5000				
E	Add Remove	10			4-29-08	\$ \$ 50°°° \$ 20°°° \$ 25°°°				
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		nly this Page			\$	95				
_	Total of ALL CRO-1205 Pages \$ 9<									

		m Individuals dividual contributions	over \$	Pg 50 or contributions und	of der \$50 if form C		Amendment Ves No
1. Com	mittee Full Name	(and Fund if applic	able)	Tight and the same	er 490 ii ioiiii C	2. ID Nu	
E	Electing	Nancy Co	x h	School Bo	pard		
3. Conti	ributor Informat	ion		Add Rem	nove		
	me, Mailing Address	& Phone		b. Job Title/Profession		d. Commen	ts
	city, state, & zip)  1 NdY Wan	nble Innes Ridge NG 27713		c. Employer's Name/Spe	11 tunt		
4	817 FUI	mies King	-, •			-	
(	)urham,	NL 27713		10114		e. Election S	Sum to Date
	719 49	05589		Nenta Account Ma		\$	10000
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/yy		k Amount
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(include o	city, state, & zip)						
				c. Employer's Name/Spec	ific Field		
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			I	RECEIVED			\$
				JUN 2 3 2008			\$
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4. Total	only this Page	•		N PERSON		\$	100 00
5. Total	of ALL CRO-	-1210 Pages				•	10000
(This line	must be on line 6 of D	etailed Summary Page CR	20-1100)			\$	100

	ions from Other l			of 1	Amendment  Yes No
W. W 11	Full Name (and Fund if			3.2.	2. ID Number
1 1	cting Nancy		had Bac	212	
	Interpoting				
	ling Address & Phone	1/2/2	b. Type of Comm		d. Comments
(include city, stat	ite, & zip)		Candidate	PAC	
R	PAC.	A 1	Referendum  c. Level Registere	od (Specify)	
42	PAC 1 Fayetlevilla nife 1109	eka.	Y Federal	County:	
ا ي	rife 1109		State	Municipality:	
120	lleigh NL 2	7601	800443	9956	\$ 500 00
		h, In-Kind Description		i. Date (mm/dd/yyy	
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					\$
					\$
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(Hichard City) Sant	e, ox zipj	College Harmon Color	Referendum	LI FAC	
			c. Level Registere		
			Federal State	County:  Municipality:	e. Election Sum to Date
			- Ome		\$
f. Account Code	g. Form of Payment	h. In-Kind Description	A STATE OF THE STATE OF	i. Date (mm/dd/yyy	j. Amount
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3. Contributor I			Add 🔲 Ren		
a. Full Name, Maili (include city, state	ing Address & Phone		b. Type of Commi  Candidate	PAC	d. Comments
(inchine crey, season	e, & zip)		Referendum	L FAC	
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		REC	EIVED		\$
		JUN	<b>2 3</b> 2008		\$
		INP	ERSON		\$
4. Total only this					\$ 90000
	CRO-1230 Pages	ry Page CRO-1100)			\$ 50000

Disbursem	ents		Pg	l of	Amendment Yes No				
Use this form to	report expenditure	from the commit	tee for; operating expense		candidate/political				
committees and	committees and coordinated party expenditures								
1. Committee 1	Full Name (and Fur	d if applicable)			2. ID Number				
Electi.	ng Nancy Cox	to school	Board						
3. Type of Dist			RO-1310 forms for each	type of Disburser	ment.)				
Operating F			didates/Political Committees		pordinated Party Expenditures				
4. Payee Inform	nation		Add	Remove	Helescon and Historia Alexanders				
a. Full Name, Maili	ing Address & Phone		b. Coordinated Committee N	ame	d. Comments				
(include city, state,									
old	No State 1 N. Green	Strategies							
	( ) ( )	- Jones St	c. Level Registered (Specify)		1				
			Federal	County:					
Cont	boro, NL	27510	State	Municipality:	e. Election Sum to Date				
Carr	0010,100	7 7 6			\$ 23500				
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks				
	Chech	mailing	5-1-08	\$ 23500					
				\$					
4. Payee Inforn	ation		Add $\square$	Remove					
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Na		d. Comments				
(include city, state,	& zip)								
( )	3 MC								
		<del>-</del> 1 = 1 " "	c. Level Registered (Specify)						
(ho	a Hanooga,	/N 37914	Federal	County:					
18			State	Municipality:	e. Election Sum to Date				
(50	0)544-220	, <u>L</u>			s 15 °C				
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks				
	Check	Meeting	5-1-08	\$ 1500					
				\$					
4. Payee Inform	ation		Add $\square$	Remove					
a. Full Name, Mailin	ng Address & Phone		b. Coordinated Committee Na		d. Comments				
(include city, state, a	3.								
Harr	I.d. SUA	. 1							
1	Pillet	+ Rd [	c. Level Registered (Specify)						
18.	ham, NC	77711	Federal	County:					
Dur	ham, NC	21703	State	Municipality:	e. Election Sum to Date				
4	19-6900				\$ 511 74				
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks				
	Chech	advertise		\$ 511.96					
			RECEIVED	\$					
5. Total only thi	s Page				\$ 74196				
6. Total of ALL	CRO-1310 Pages		UIN 0 9 2009		501015				
(This line goes in li	ine 13a of Detailed Sumn	nary Page CRO-1100	poperating Expenses)		s laborated				
(This line goes in li	ne 13b of Detailed Sumn	nary Page CRO-1100 i	f Contrib to Candidates/Politica	l Comm)	LOCAL VI				
(This line goes in li	ne 13c of Detailed Sumn	ary Page CRO-1100	Coordinated To Especiality	es)	1 10000001078 PI USE				

7. Purpose Codes (List detailed expenditure code in (h.) above)

A\* - Media

E - Salaries

B\* - Printing

C\* - Fundraising

F\* - Equipment

G - Political Party

D - To Another Candidate

**H\* - Holding Public Office Expenses** 

O\* - Other

I - Postage J - Penalties

**K\* - Office Expenses** \* Codes require detailed explanation in required remarks field (k)

Disbursem	ents			Pg	1 05	Amendment Yes No
Use this form to	report expenditure	s from the commit	ttee 1	for: operating expenses	s, contributions to	
committees and	coordinated party e	xpenditures		1 01		F
1. Committee I	Full Name (and Fur	nd if applicable)				2. ID Number
Electing	Nancy Cox to	School B	0 al	rd		
3. Type of Dish				-1310 forms for each	type of Disburse	ment.)
Operating E				tes/Political Committees		ordinated Party Expenditures
4. Payee Inform	nation		A	dd	Remove	
a. Full Name, Maili	ng Address & Phone		b.	Coordinated Committee Na	ame	d. Comments
(include city, state,	& zip)					
011010	- Deput	_				15
	Dichaml	hadel Hill	c. ]	Level Registered (Specify)		
4001	-Deput Durham l am, NL 2	-1		Federal	County:	
りゃしい	am, 10 C 1	T 10 T		State	Municipality:	e. Election Sum to Date
49	0-3092					\$ 17.69
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	chech	cards		5-2-08	\$ 17.69	
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4. Payee Inform	nation		Ac	ld 🗍	Remove	
	ng Address & Phone		b. 6	Coordinated Committee Na	me	d. Comments
(include city, state,	*					
1 1001	Tunes SL		c. I	Level Registered (Specify)		Ī
1 820	junes of			Federal	County:	
Durha	fames St m, NC	27707		State	Municipality:	e. Election Sum to Date
419	-1059					\$ 7000
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	Chech	Sign		5-14-08	\$ 7000	
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(include city, state, &	& zip)					
			c. L	evel Registered (Specify)		
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L Account Code	g. Form of Payment	n. 1 ur pose Coue	1	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				RECEIV	4D	
				JUN 2 3 20	038	
5. Total only thi					ON	\$ 87.69
	CRO-1310 Pages			IN PERS	UN	\$ 87.69
	ne 13a of Detailed Summ		_			\$ 899.65
			-	ntrib to Candidates/Political ordinated Party Expenditure	,	0 1 1
(1 mis une goes in ii	ne 150 oj Delaueu Sumn	nury ruge CKU-1100	y 000	oramateu rarty Expenditure	(8)	

7. Purpose Codes (List detailed expenditure code in (h.) above)

J - Penalties

A\* - Media B\* - Printing

**E** - Salaries

I - Postage

C\* - Fundraising

F\* - Equipment G - Political Party

L - Penalties K\* Office France

K\* - Office Expenses \* Codes require detailed explanation in required remarks field (k) D - To Another Candidate

 $\mathbf{H}^{\star}$  - Holding Public Office Expenses

O\* - Other

Refunds/Re	imbursements Fro	om the Con	nmittee Pi	g of I	Amendment Yes No
	Name (and Fund if app		ontributions fetur	ned to the contric	2. ID Number
	9 Nancy Cox		11 BOa	rd	
3. Payee Informa	The state of the s	10 0000	Add Re	Attachment of the same of the	
a. Full Name, Mailing			d. Type of Comm		h. Original Receipt Date
(include city, state,	& zip)		Candidate	☐ PAC	10-1-08
Nancy	COX		Referendum	Party	
10 606	ron Nost (+.		e. Level Registere	County:	i. Original Receipt Amount
9 1016	con Nost (t.	3	State	Municipality:	\$ 574.43
Daring	19		f. Purpose Code		j. Election Sum to Date
419	-6369				\$ 574-43
b. Job Title/Profession		ne/Specific Field	g. Comments		k. Account Code
Homema	Ker		Candida	te signs	
I. Form of Payment	m. Required Remarks			n. Date (mm/dd/yy	Market Committee
Chein				4-23-0	\$ \$ 574-43
3. Payee Informat	tion ( )		Add Re	move	
a. Full Name, Mailing			d. Type of Comm	Section 1	h. Original Receipt Date
(include city, state,	& zip)		Candidate Referendum	PAC Party	
			e. Level Registere		i. Original Receipt Amount
			☐ Federal	County:	···
			☐ State	Municipality:	\$
			f. Purpose Code		j. Election Sum to Date
					\$
b. Job Title/Profession	c. Employer's Nam	ne/Specific Field	g. Comments		k. Account Code
l. Form of Payment	m. Required Remarks	M. St. VIII ST.	SUPPLIES OF SUPPLIES	n. Date (mm/dd/yyy	yy) lo. Amount
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a. Full Name, Mailing			d. Type of Commi		h. Original Receipt Date
(include city, state,	& zip)		Candidate		
			Referendum  e. Level Registere	Party	l Oulefred Besslet Amount
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			State	Municipality:	\$
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b. Job Title/Profession	c. Employer's Nam	e/Specific Field	a Comen		k. Account Code
	c. Employer's Nam	RECE	TIVED		
. Form of Payment	m. Required Remarks	JUN 2	3 2008	n. Date (mm/dd/yyy	y) o. Amount \$
4. Total only this l	Page	1912	MOSG		\$ 574.43
5. Total of ALL C		age-ero-1100)		er december to	\$ 574.43
	List detailed disbursement		ve)		
L - Returned to C	ontributor M - O	verpayment for		N - Excee	ded Contribution Limit
P* - Reimbursen	10 (40 (40 (40 (40 (40 (40 (40 (40 (40 (4				
* Codes require	detailed explanation in re	equired remark	cs field (m)		next contest in the design of the second

<b>In-Kind Contributions</b>	Pg	) of (	Amendment  Yes No
Use this form to report non-monetary contributions, donations, go Use CRO-1215 if In-Kind Contributions were or will be ref	oods or services prov		
1. Committee Full Name (and Fund if applicable)		2	2. ID Number
Electing Nany Cox to sub	od Boar	rd	
3. Contributor Information	Add 🔲 Rer	nove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contril	outer c.	, Comments
The state of the s	Candidate		
Nancy Cox 4 Falcon Nest Ct Durham, No	Party PAC		
5	Referendum		. Election Sum to Date
919 419 6369	Other Receipt	Source	\$ 2500
e. Description		f. Date (mm/dd/yyyy)	
Office Supplies	<b>a</b>		\$ \$500
			\$
			\$
3. Contributor Information	l Add □ Ren		ARE THE SECOND
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contrib	utor c.	Comments
	Candidate		
Karla Fought 4803 Marlborough Way	Party PAC		
Durham, NC 27713	Referendum		Election Sum to Date
804-8891	Other Receipt	Source	\$ 2000
e. Description		f. Date (mm/dd/yyyy)	
Baked goodse fafor f	roduct		\$
			\$
			\$ 2000
3. Contributor Information	Add Ren		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contrib	utor c.	Comments
1. Clas \\0.061\2	Candidate		
Lestre Vengble 19 Cobble ridge Ct. Darham, NZ 27713 493-0638	Party PAC		
Durham, NC 27713	Referendum Other Receipt		Election Sum to Date
493-0638			20_
e. Description	RECEIV	. Date mm/(d/yyyy)	
Baked goods	11711 6 9	·····	\$
	JUN 2 3	2008	\$
	IN PER	SON	\$ 2000
4. Total only this Page	1987年199	we were starting of	4500
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$	1 1 00